Note: This is a sample

template, it is not an Olds approved form. Universal 911 Disting-First Transition Report Please read instructions before completing Section 1 Carrier Identification Information Parent Company Name Smithville Telephone Company, Inc. Service Provider Name Smithville Telephone Company, Inc. Company Address, City, State, Zip P.O. Box 728 1600 West Temperance Street Elletoville, Indiana 47429 Service Provider Type () Wireless X Wireline Name(s) of Wireless License Holder(s) Contact Name Tanuny Teague Contact Tel # 812-876-0969 Fax # 812-676-9839

E-mail Address

ttengur@bluemarble.net

Section 2 Local Area 911 Implementation
List all individual local areas covered by this report (e.g., Lee County, Virginia):
Martin County, Indiana
(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.
Suitiville Tylephone Company deliver calls from Maria C
Smithville Telephone Company delivers calls from Martin County residents assigned 812-936 telephone numbers to the neighboring county's PSAP via a direct trunk group designated for only such traffic.
(b) For each area listed above, provide details of the carrier's progress in completing translation and other work accessary to route 911 calls to
Smithville Telephone Company currently provides 911 call completion to the neighboring county's PSAP when a subscriber diab the 9-1-1 digit Martin County, Indiana has no PSAP.

ጥሎ -	For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.
ine	911 abbreviated dialing code is already implemented for Smithville Telephone Company's customers residing in Martin County, Indiana.
Sccti 9111	Englementation Problems
(a) D proble	escribe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operation cans carrier has experienced during the Initial transition stages.
	ville Telephone Company has no problems to report at this time.
(b) W	there the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with
	ille Telephone Company has no problems to report at this time.
	The same of the sa
ection crtific	
	ation - To be signed by an authorized representative of the reporting entity
1	I certify that I am an authorized representative of the abovenamed reporting entity, that I have examined the foregoing report and to the best of any knowledge, information and helief, all statements of fact contained in this form are true and accurate statements of the abovenamed company.
(I certify that I am an authorized representative of the aboveramed reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of March 11, 2002.
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	And the second of the second o
Print	ted name of authorized representative
Tann	mny Teague
Regul	flatory Manager
Date	The second of th
March	h 8, 2002
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PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT (INDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001.